BEST AVAILABLE CCTY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. 10/546670 APPLICANT(S) FILING DATE

CLAIMS	
--------	--

	AS FILED		AFTER CAMENDMENT			TER NDMENT		AS FILED		AFTER		AFTER -	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	.	IND.	DEP.	IND.	DEP.		
2		ļ — , — .		ļ			51				DEA.	IND.	DE
3				ļ			52			, i	ļ		
4				<u> </u>			53			,			
5							54						
6				 		<u> </u>	55						
7						 	56						
8		1				 	57	<u> </u>					
9							<u>58</u> 59			 -			
10		1					60				i	-	
11							61						
12							62					<u> </u>	<u> </u>
13							63						
14							64 -			-			
15							65						├
16 17							66			•			
18							67						
19							68						
20							69						
21							70 71						
22							72						
23							73						
24							74						
25		+		_			75						·
26							76						
27							77						
28							78						
29 30							79 .		•				
31							80						
32							81						
33							82 83						
34							84						
35·							85						
36							86						
37							87						
38							88						_
39							89						
40 41							90						
42				· · ·			91						
43					<u> </u>	<u> </u>	92 93						· ·
44	-	· · · · ·					94						
45 .							95						
46							96						
47							97						
40							98						
49							99						
50	2						_100			· ·		·	
	3	•		4		♣	TOTAL IND.		*		4		1
TAL DEP.	16	Q4		€	· .	4	TOTAL DEP		*		4		4
ZMIAL	19						TOTAL CLAIMS						